AMENDED* CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI

Debtor: Alicia Nicole Jackson		SSN: XXX-XX- <u>5</u>	CASE I	NO
		SSN: XXX-XX	Media	n Income: 🔲 Above 📝 Below
Addres	SS: 3620 Melda Drive			
	Lauderdale MS 39335		···········	
THIS that n	PLAN DOES NOT ALLOW nay be confirmed. <u>The tr</u>	CLAIMS. Creditors eatment of ALL sec	must file a proof of ured and priority de	claim to be paid under any plan bts must be provided for in this
The pl	ENT AND LENGTH OF PLA an period shall be for a per e debtor(s), or less than 60 n	iod of60 n	nonths, not to be less an income debtor(s).	than 36 months for below median
(A)	Debtor shall pay \$82 chapter 13 trustee. Unles to Debtor's employer at the	s otherwise ordered to following address:	nly, semi-monthly, by the Court, an Orde	weekly, or bi-weekly) to the r directing payment shall be issued
(B)	Joint Debtor shall pay \$to the chapter 13 trustee. issued to Debtor's employee	Unless otherwise ord	lered by the Court, a	nthly, weekly, or bi-weekly) n Order directing payment shall be
Filed cl Interna Mississ Other/	ippi Dept. of Revenue: \$_	599.00	at \$/n at \$/n	Court as follows: nonth nonth nonth
	PETITION OBLIGATION: In paid direct, through paid			eginning
the am	ETITION ARREARAGE: In the nount of \$ pe paid Direct, through	r month beginning		which shall be paid in
schedu		tion by a party in inter	est, the plan will be ar	pe paid through the plan shall be mended consistent with the proof of payment proposed herein.
Mtg pn	nts to <u>Seterus/Chase</u> nts to nts to	Beginning	@ \$	S88.29 XPlan Direct Plan Direct Plan Direct
Mtq ar	rears to <u>Seterus/</u> Chase	Through March	<u>2017</u> \$ <u>9,500.00</u>	@ \$ <u>158.33</u> /mo
Mtg ar	rears to	Through	\$	@ \$ /mo
Mtg ar	rears to	Through	\$	@ \$/mo
Debtor	's Initials <u>A.J.</u> Joi	int Debtor's Initials	Chapte	er 13 Plan, Page 1 of <u>3</u>

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Property Address: 3620	Melda Dr. Lauderdale MS	due: \$29,54X,99 XX Are related taxes and/or insur	Int. Rate:
Creditor:Property Address:	Approx. amt.	due: Are related taxes and/or insu	Int. Rate:
lien(s) pursuant to 11 bankruptcy law or disch	U.S.C. § 1325(a)(5)(B)(i)(I) arge. Such creditors shall be p	that have filed claims that are until the payment of the del paid as secured claimants the s not paid as secured shall be to	ot determined as under non- sum set out below or pursuant
CREDITOR'S NAME	910 COLLATERAL CLM	* APPROX. AMT. OWED VALUE	INT. PAY VALUE OR RATE AMT. OWED
* The column for "910 CLI of 11 U.S.C. § 1325	1" applies to both motor vehicles	and "any other thing of value" as	used in the "hanging paragraph"
by Debtor, etc. For all	abandoned collateral Debtor w	co-signed debts, abandonment will pay \$0.00 on the secured p laim to receive proposed paymon APPROX. AMT. OWED XX\$X\$500XX	ortion of the debt. Where the
	- January Dajonsonson		au sectom chain XX
STUDENT LOANS whi	ch are not subject to dischar	ge pursuant to 11 U.S.C. §§	523(a)(8) and 1328(c) are as
follows (such debts shal		CONTRACTUAL MO. PMT	PROPOSED TREATMENT
follows (such debts shal			PROPOSED TREATMENT
follows (such debts shall CREDITOR'S NAME	APPROX. AMT. OWED		
follows (such debts shall CREDITOR'S NAME SPECIAL PROVISION	APPROX. AMT. OWED	CONTRACTUAL MO. PMT	
SPECIAL PROVISION limited to, adequate pro GENERAL UNSECURE and not disallowed to re	S which may apply to any or tection payments: D CLAIMS total approximately eceive payment as follows:	CONTRACTUAL MO. PMT	the plan, including, but not h claims must be <i>timely filed</i>
SPECIAL PROVISION limited to, adequate pro GENERAL UNSECURE and not disallowed to re	S which may apply to any or tection payments: D CLAIMS total approximately eceive payment as follows:	all payments to be paid through \$ 27,057.00 Suc IN FULL (100%), 0	the plan, including, but not h claims must be <i>timely filed</i>

Total attorney fee charged: Attorney fee previously paid: Attorney fee to be paid in plan:	3,200.00 1,127.00 2,073.00	
The payment of administrative and/or local rules.	costs and aforementioned att	orney fees are to be paid pursuant to Court order
Automobile Insurance Co/Agent		Attorney for Debtor (Name/Address/Phone/Email) Douglas M. Engell
		P.O. Box 309
		Marion, MS 39342
Telephone/Fax:		Telephone No. 601-693-6311
1		Facsimile No. 601-639-6399 Email address dengell@dougengell.com
DATED: 2/28/17	DEBTOR'S SIGNATURE	$0 l \sim 0$
-7 /1	JOINT DEBTOR'S SIGN	NATURE
	ATTORNEY'S SIGNATU	IRE /

Effective: October 1, 2011

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AMENDED

In re: Alicia Nicole Jackson	Case No: 17-00724		
I declare under penalty of perjury th	nat the foregoing checked items	s are true and correct.	
Schedule A	Schedule B	Schedule C	
Schedule F	Schedule G	Schedule H	
Schedule I	Schedule J	Mini plan	
Statement of financial affairs	Creditor Matrix	Petition	
B21 Form	B22Form		
Summary of Assets and Liabilitie	es		
Executed on 18 day of July	01 2 9		
	Alicia Nicole Jackson		